2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED DOCUMENT # P01000007004 Feb 19, 2007 08:00 AM **Secretary of State** B & B SUNCOAST LAND DEVELOPMENT, INC. Principal Place of Business Mailing Address 8441 BIG BUCK LANE SARASOTA FL 34240 8441 BIG BUCK LANE SARASOTA FL 34240 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1083754 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo LEVIN, JEROME S Street Address (P.O. Box Number is Not Acceptable) 1680 FRUITVILLE ROAD SUITE 102 SARASOTA FL 34236 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change 1111 Addition Dclete THE U00000640707 KOONTZ, ROBERT L NAME NAME 02/28/07-80074-022 150.00 8441 BIG BUCK LANE STREET ADDRESS STRULT ADDRESS SARASOTA FL 34240 CITY-ST-ZIP CHY-ST-ZIP ☐ Delete ШL ☐ Change Addition KOONTZ, BRIAN J 8441 BIG BUCK LANE STREET ADDRESS STREET ADDRESS SARASOTA FL 34240 CITY-ST-7IP CITY-S1-7P THILE ☐ Delete IIIL ☐ Change Addition NAM MALLE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP ш Delete ☐ Change ■ Addilion NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7/P TITLE Addition ☐ Defete ☐ Change THE NAMI NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-70

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Brian KONTZ V.P. 2-15-07 941-378-7090

SIGNATURE: